Application Data Sh t

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Title:: DEVICE FOR VISUALLY INDICATING A

BLOOD PRESSURE

Attorney Docket Number:: 030481-0212

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: Yes

Petition included?::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Per

Family Name:: EGNELÖV

City of Residence:: Uppsala

Country of Resid nc :: Sweden

Street of mailing addr ss:: Nannasväg 6

SE-754 40 Uppsala

Country of mailing addr ss:: Sweden

Applicant Authority Type:: Inventor

Primary Citiz nship Country:: Sweden

Status:: Full Capacity

Given Name:: Fredrik

Family Name:: PREINITZ

City of Residence:: Uppsala

Country of Residence:: Sweden

Street of mailing address:: Tibastvägen 14

SE-753 50 Uppsala

Country of mailing address:: Sweden

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: James

Family Name:: FUCHS

City of Residence:: Uppsala

Country of Residence:: Sweden

Street of mailing address:: Botvidsgatan 8 c

SE-753 29 Uppsala

Country of mailing address:: Sweden

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Dan

Family Name:: ÅKERFELDT

City of Residence:: Uppsala

Country of Residence:: Sweden

Street f mailing addr ss:: Nyvla

SE-755 92 Uppsala

Country of mailing addr ss:: Sweden

·							
Applicant Authority	Туре::	Inventor					
Primary Citiz nship Country::		Sweden					
Status::		Full Capa	acity				
Given Name::		Lars					
Family Name::		TENERZ					
City of Residence::		Uppsala					
Country of Residence::		Sweden					
Street of mailing address::		Björkhagsvägen 24					
		SE-756 4	l6 Uppsala				
Country of mailing address::		Sweden					
Correspondence Information Correspondence Customer Number:: 22428							
E-Mail address::			PTOMailWashington@Foley.com				
			3		-		
Representative Infor	mation						
Representative Cust	omer 2	22428					
Number::							
Domestic Priority Information							
Application::	Continuity	Type::	Parent		Parent Filing		

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/439,800	01/14/2003

For ign Priority Information

Country::	Applicati n	Filing Date::	Priority Claimed::
	numb r::		

Assignee Information

Assignee name::

RADI MEDICAL SYSTEMS AB